Please type a plus sign (+) inside this box 🚢	+

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR LITHITY OR	Attorney Docket Number	TM00-005.US				
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Partovi, Hadi				
PATENT APPLICATION	COMPLETE IF KNOWN					
(37 CFR 1.63)	Application Number					
N	Filing Date					
Declaration Declaration Submitted OR Submitted after Initial	Group Art Unit					
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name					
		· · · · · · · · · · · · · · · · · · ·				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: A Voice and Telephone Keypad Based Data Entry Method for Interacting with Voice Information Services										
the specification of which (Title of the Invention) is attached hereto OR										
was filed on (MM/DD/Y)	YY)	as Uni	ted States Applica	tion Number or PCT International						
amended by any amendment sp	Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) 60/201,328	05/02/2000	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a mental priority data sheet B/02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 📑	. [
Please type a plus sign (+) inside this box 💛 📑	٠

X Additional inventors are being named on the

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent Application Ihereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Patent Number Parent Filing Date** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto. As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: $\boxed{\mathbf{x}}$ Customer Number $\boxed{24488}$ OR Registered practitioner(s) name/registration number listed below Registration Name Name Number Number PATERT_TRADEMARK OFFICE Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: X Customer Number OR Correspondence address below 24488 or Bar Code Label Name <u>Address</u> Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Hadi Partovi Inventor's 7/24%0 Date Signature San Francisco USA Residence: City Country Citizenship 2280 Green Street Post Office Address Post Office Address 94123 City San Francisco CA Country State 7IP

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please	tvpe	а	olus	sian	(+)	inside th	is box	→	Г		
	.,,,,,	•	pico	0.9	۲. /	1110100 111	DOX	-	1 7	- 1	ı

PTO/SB/02A (3-97)
sign (+) inside this box

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u>

Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	on has been file	ed for th	ıis unsigı	ned inv	ventor
Given Name (first and middle [if any])					Family Name or Surname					
Roderick Steven				Brath	waite					
Inventor's Signature	Bole	X	•					Date		7/24/00
Residence: City	Livermore	State	CA		Country			Citizens	hip [JSA
Post Office Address	490 Andrews Street			-						
Post Office Address			······································							
City	Livermore	State	CA		ZIP 9	94550	Country	у		
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	on has been file	d for th	is unsigr	ned inv	entor/
Given Na	me (first and middle [if any])				Family Na	me or	Surname		
David Bryan				A!	lpert					
Inventor's Signature	Janil 1	ll	ser	+				Da	te	7/24/00
Residence: City	Mountain View	State	CA		Country			Citizer	ıship	USA
Post Office Address	1600 Villa Str, #360									
Post Office Address						·				_
City	Mountain View	State	CA		ZIP	94041	Coun	itry		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	on has been file	d for th	is unsigr	ned inv	entor/
Given Nar	me (first and middle [if any])				Family Nar	me or S	Surname		
Jeremy			1/	Belld	ína					
Inventor's Signature		2		Z		1		Dat	te	7/24/00
Residence: City	Burlingame	State	CA		Country			Citizer	nship	USA
Post Office Address	1015 Cadillac Way, #21	13							<u>. </u>	·
Post Office Address					,	_				
City	Burlingame	State	CA		ZIP	94010	С	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Ī	
	7

PTO/SB/02A (3-97)
sign (+) inside this box

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

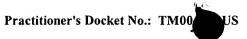
valid OMB control number.

Please type a plus sign (+) inside this box →

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Addition	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor									
Given Na	me (first and middle [if any	/])				Family Nar	ne or	Surname		
Barry				Aron	s					
Inventor's Signature	B		· · · · · ·				_	7/19/1 Date	D	
Residence: City	Mountain View	State	CA		Country			Citizens	hip [JSA
Post Office Address 100 N. Whisman Rd, #1912										
Post Office Address										
City	Mountain View	State	CA		ZIP 9	4043-4926	Country	у		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	is unsigı	ned inv	entor/
Given Na	me (first and middle [if any	/])				Family Nan	ne or S	Surname		
Inventor's Signature								Da	te	
Residence: City		State		(Country			Citize	nship	
Post Office Address										
Post Office Address										
City		State			ZIP		Coun	itry		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been filed	d for th	is unsigr	ned inv	entor
Given Nar	me (first and middle [if any	(])				Family Nan	ne or S	Surname	-	
Inventor's Signature						_		Da	te	
Residence: City		State			Country	•••		Citize	nship	
Post Office Address										
Post Office Address			1		T		_	1		
City		State			ZIP		С	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





POWER OF ATTORNEY BY ASSIGNEE TO EXCLUSION OF INVENTOR UNDER 37 C.F.R. § 3.71 WITH REVOCATION OF PRIOR POWERS

The undersigned A	SSIGNEE of the enti	re interest in:			
	Patent No application no. Not	Yet Assigned, file	ed on <u>Herewith</u>		
hereby appoints the	e following attorneys	of Tellme Networl	ks, Inc.:		
Attorney Name		Reg. No.	Attorney Name		Reg. No.
Ted W. Chan		43,536	Erik L. Oliver		46,296
this application and revokes all prior po accordance with th	d transact all business owers of attorney; said e provisions of 37 C.I	in the United State 1 appointment to b F.R. § 3.71.	es Patent and Trademark e to the exclusion of the	Office in cominventors and	Trademark Office, to prosecut nection therewith and hereby the inventors' attorneys in
The following evid	lentiary documents es	tablish a chain of t	itle from the original ow	ner to the Assi	gnee:
		(complete	e one of the following)		
	copy of an Assignme and Trademark Office		, which Assignment has	been (or is her	ewith) forwarded to the Patent
☐ ti	he Assignment record	ed on at reel	, frames	-	
			hereby states that evident e and belief, title is in the		ts have been reviewed and SSIGNEE.
Direct all correspon	ndence and telephone	calls to:			
Name	Ted W. Chan				
Address	Tellme Networks,	Inc.			
Address	1310 Villa Street			<u> </u>	
City	Mountain View	State	CA	Zip	94041
Country	USA	Telephone	(650) 930-9000	Fax	(650) 930-9101
			ASSIGNEE: Tellmo	e Networks, In	c.
			Name: Hadi Partovi	I Santa	